



LANGUAGE INTERPRETER SERVICES AND TRANSLATIONS (LIST)  
**REQUEST FOR PROVISIONAL INTERPRETER  
CERTIFICATION/QUALIFICATION**

Sections I through III to be completed by language agency.

I. INTERPRETER INFORMATION				
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	LANGUAGE	<input type="checkbox"/> Medical Interpreter <input type="checkbox"/> Social Services Interpreter
CANDIDATE'S CURRENT ADDRESS			TELEPHONE NUMBER	
II. REQUESTING AGENCY INFORMATION				
AGENCY NAME		CONTACT PERSON		
MAILING ADDRESS		TELEPHONE NUMBER		
		FAX NUMBER		
III. INTERPRETER AVAILABILITY INFORMATION				
<p>Typical number of monthly interpreting hours requested by Department of Social and Health Services (DSHS) in this language:</p> <p>Number of certified/qualified interpreters available to your agency in this language: _____</p> <p>Reason for requesting provisional certification/qualification for this interpreter:</p>				
AUTHORIZED SIGNATURE OF REQUESTING AGENCY				DATE
IV. APPROVAL INFORMATION (FOR DSHS/LIST USE ONLY)				
<p>Testing status of interpreter:</p> <p><input type="checkbox"/> Medical test..... Written test highest score: _____ Oral test highest score: _____</p> <p><input type="checkbox"/> Social services test .... Written test highest score: _____ Oral test highest score: _____</p> <p><input type="checkbox"/> Approved..... Effective date: _____ Expiration date: _____</p> <p><input type="checkbox"/> Disapproved..... <input type="checkbox"/> Never took test      <input type="checkbox"/> Below standard      <input type="checkbox"/> Unjustifiable</p>				
PROCESSED BY:				DATE